



Medical Examiner and Trauma Services  
**INDIGENT CREMATION PROGRAM**



ICP Case # \_\_\_\_\_

## ICP APPLICATION

Application Type ☐ **Pre-Approval** (*Death Imminent*)  
☐ **At-Need** (*Death Occurred*)

Application Date \_\_\_\_\_

**Decedent/Patient Name** \_\_\_\_\_  
First Middle Last

**Date of Birth** \_\_\_\_\_

The purpose of Broward County's Indigent/Unclaimed Remains Cremation Program (ICP) is to provide final disposition in accordance with the law for deceased persons who have no family, or whose family cannot afford private funeral arrangements. In order to qualify for this program, the death must have occurred within Broward County (but the decedent does not need to have been a county resident) and the legally authorized person qualifies under the indigent terms below. The following fees shall be applicable to families of the indigent deceased electing to take possession of the cremains.

### FEE DESCRIPTION

Cremation (Indigent Family) ..... \$100.00  
County Administrative Fee (All Cases) ..... \$50.00

### ITEMS TO NOTE

- The term "indigent" shall mean a person whose family income does not exceed One Hundred percent (100%) of the current federal poverty guidelines prescribed for the family's household size by the U.S. Department of Health and Human Services.
- The term "family" shall mean a "legally authorized person," as defined in and in the order of priority listed in Section 497.005(43), Florida Statutes.
- No additional services such as viewing, embalming, memorial services, etc. will be offered by the Indigent Cremation Program.
- Shipping of cremains will be at the family's expense and handled through the ICP contracted funeral provider.
- Once the decedent has been transferred to the funeral home, the ICP cannot intervene.

Since the ICP can meet only basic needs, the next-of-kin are always encouraged to seek a more immediate alternative means of final disposition. (ICP cases can take up to eight or more weeks to complete.)

### Qualifications for the program include:

- The decedent must have died in Broward County.
- The decedent must not have any form of life insurance or be eligible for victim compensation funds.
- The household income must not exceed 100% of the federal poverty guidelines.

*U.S. Department of Health and Human Services 2024 Poverty Guidelines  
The 2024 federal poverty level (FPL) income numbers below are used to calculate eligibility for indigent status.*

Number of Persons in Household	Maximum Annual Income
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580

**LEGALLY AUTHORIZED PERSON APPLYING** (If not the Legally Authorized Person, skip to "Other Information Section")

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

**LEGALLY AUTHORIZED PERSON FINANCIAL INFORMATION**

Number of household members \_\_\_\_\_ Do you or the decedent own any property? Yes ☐ No ☐  
If yes, address \_\_\_\_\_ Are you receiving welfare aid? Yes ☐ No ☐  
If yes, Program Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_  
Program Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_  
Name of your employer \_\_\_\_\_ Position \_\_\_\_\_ Monthly salary \$ \_\_\_\_\_  
Monthly income from other sources and amount(s) \_\_\_\_\_

**OTHER INFORMATION**

Was the decedent a victim of a crime? Yes ☐ No ☐ Unknown ☐  
Did the decedent have a Will (Last Will and Testament)? Yes ☐ No ☐ Unknown ☐  
Are there any prepaid funeral or burial arrangements? Yes ☐ No ☐ Unknown ☐  
If yes, list name of funeral facility \_\_\_\_\_  
Does the decedent have any life insurance policies? Yes ☐ No ☐ Unknown ☐

**DOCUMENTATION REQUIRED WITH APPLICATION**

- ☐ Copy of government issued photo identification of the decedent/patient (One Required)
- ☐ Copy of social security card of the decedent/patient (One Required)
- ☐ Copy of government issued photo identification of the applicant (One Required)

**FINANCIAL DOCUMENTATION REQUIRED** (If not the Legally Authorized Person, skip this section)

- ☐ Applicants most recent paycheck stub, W-2, or current income tax statement (One Required)
- ☐ Applicants most recent bank statement (One Required)

**ADDITIONAL DOCUMENTS IF APPLICABLE** (If not the Legally Authorized Person, skip this section)

- ☐ A print-out sheet from unemployment compensation
- ☐ Verification of benefits from the Social Security Office
- ☐ Social Security Disability Insurance (SSDI)
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Documentation of child support
- ☐ Documentation of alimony

I declare under penalty of perjury that the foregoing is true and correct. I/We understand that Broward County reserves the right to fully investigate all claims of indigence and, if this form is signed under fraudulent pretenses, Broward County will diligently seek reimbursement of all funds expended by Broward County for the final disposition of the decedent, along with any associated costs. I hereby authorize the release of all information by agencies and persons regarding my financial status to a representative of the Broward County Office of Medical Examiner and Trauma Services. I agree to reimburse Broward County, not to exceed the total cost of the cremation to the County, any monies received from Social Security Death Benefits and/or sources for cremation expense.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_